

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: OK
APPLICATION YEAR: 2007

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- **FORM 18**
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- **FORM 19**
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- **FORM 21**
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2006		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
				FEDERAL IDENTIFIER DUNS#143673015	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY			
5. APPLICANT INFORMATION					
Legal Name: Oklahoma State Department of Health			Organizational Unit: Maternal & Child Health Service		
Organizational DUNS: 143673015					
Address (give city, county, state and zip code) 1000 N.E. 10th Street P.O. Box 53551 Oklahoma City, OK 73117 County: Oklahoma			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Suzanna Dooley, MS, ARNP Email: suzannad@health.ok.gov Tel Number: (405) 271-4480 Fax Number: (405) 271-2994		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">7</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health Title V Block Grant		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Oklahoma, statewide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2006		Ending Date: 09/30/2007		a. Applicant 5	
				b. Project 1-2-3-4-5	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>7,399,286.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>6,070,001.00</u>				
d. Local	\$ <u>4,080,523.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>132,511.00</u>				
g. TOTAL	\$ <u>17,682,321.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative James M. Crutcher, MD, MPH		b. Title Commissioner of Health & State Health Officer		c. Telephone Number (405) 271-4200	
d. Signature of Authorized Representative				e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2007

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: OK

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

\$ 7,399,286

A.Preventive and primary care for children:

\$ 2,830,387 (38.25 %)

B.Children with special health care needs:

\$ 2,219,786 (30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 739,928 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 6,070,001

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 4,080,523

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 132,511

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 4,684,317

\$ 10,283,035

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 17,682,321

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 134,700

j. Education: \$ 35,000

k. Other:

Dept. of Mental Hlth \$ 70,000

Family Planning \$ 3,740,858

MCHB ECCS \$ 137,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 4,217,558

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 21,899,879

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: OK

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 7,791,761	\$ 7,743,394	\$ 7,743,394	\$ 0	\$ 7,399,286	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 6,331,072	\$ 6,744,445	\$ 5,990,967	\$ 0	\$ 6,070,001	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 644,638	\$ 4,533,915	\$ 2,870,077	\$ 0	\$ 4,080,523	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 165,000	\$ 132,511	\$ 202,397	\$ 0	\$ 132,511	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 14,932,471	\$ 19,154,265	\$ 16,806,835	\$ 0	\$ 17,682,321	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,845,221	\$ 2,893,184	\$ 2,993,184	\$ 0	\$ 4,217,558	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 17,777,692	\$ 22,047,449	\$ 19,800,019	\$ 0	\$ 21,899,879	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: OK

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 7,864,230	\$ 7,864,230	\$ 8,068,538	\$ 8,068,538	\$ 8,041,242	\$ 7,791,761
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 7,423,022	\$ 7,502,187	\$ 6,112,041	\$ 6,526,609	\$ 6,242,073	\$ 6,073,604
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 258,051	\$ 543,261	\$ 299,544	\$ 299,544	\$ 543,261	\$ 2,993,658
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 213,246	\$ 165,000	\$ 129,905	\$ 181,855	\$ 165,000	\$ 119,819
7. Subtotal <i>(Line8, Form 2)</i>	\$ 15,758,549	\$ 16,074,678	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 16,978,842
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 76,173,566	\$ 3,682,287	\$ 2,140,891	\$ 2,316,277	\$ 2,416,277	\$ 2,745,221
9. Total <i>(Line11, Form 2)</i>	\$ 91,932,115	\$ 19,756,965	\$ 16,750,919	\$ 17,392,823	\$ 17,407,853	\$ 19,724,063
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
Expended amount based on actual award. Since budgeted amount for FY2004 cannot be changed, it does not reflect actual award dollars.
- 2. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2005
Field Note:
Substantial increase in Local funding is due to these major local health units reporting increased other local funds used for MCH Block Grant purposes. These funds are representative of local initiatives, and should be considered soft monies and not counted on at this level in subsequent years as an absolute commitment.
- 3. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2004
Field Note:
Substantial increase in Local funding is due to two major local health units beginning reporting other local funds used for MCH Block purposes, but not reported in the past. These funds/validation are representative of local initiatives, should be considered soft monies, and not counted on at this level in subsequent years as an absolute commitment.
- 4. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2005
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 5. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 6. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
Significant changes within the Oklahoma State Department of Health (OSDH) structure occurred in FY2002 with realignment of organization. During the 2002 time period, the group of programs that made up MCH Services was reorganized into several separate services. Much of the "other federal monies previously under the control of the MCH Director" was placed in other service areas and therefore could not be reported as expenditures within TVIS.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OK

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 3,955,767	\$ 4,439,413	\$ 4,094,739	\$ 0	\$ 4,042,637	\$ 0
b. Infants < 1 year old	\$ 1,669,308	\$ 3,103,857	\$ 2,129,481	\$ 0	\$ 2,854,960	\$ 0
c. Children 1 to 22 years old	\$ 3,350,494	\$ 5,832,603	\$ 5,176,678	\$ 0	\$ 5,316,613	\$ 0
d. Children with Special Healthcare Needs	\$ 4,090,480	\$ 4,065,282	\$ 4,065,282	\$ 0	\$ 3,884,625	\$ 0
e. Others	\$ 440,035	\$ 251,075	\$ 0	\$ 0	\$ 229,270	\$ 0
f. Administration	\$ 1,426,387	\$ 1,462,035	\$ 1,340,655	\$ 0	\$ 1,354,216	\$ 0
g. SUBTOTAL	\$ 14,932,471	\$ 19,154,265	\$ 16,806,835	\$ 0	\$ 17,682,321	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 130,802		\$ 126,000		\$ 134,700	
j. Education	\$ 25,000		\$ 25,000		\$ 35,000	
k. Other						
Dept. of Mental Hlth	\$ 0		\$ 0		\$ 70,000	
Family Planning	\$ 2,489,419		\$ 2,642,184		\$ 3,740,858	
MCHB ECCS	\$ 0		\$ 0		\$ 137,000	
MCHB	\$ 100,000		\$ 100,000		\$ 0	
III. SUBTOTAL	\$ 2,845,221		\$ 2,993,184		\$ 4,217,558	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OK

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,957,697	\$ 3,851,529	\$ 3,384,035	\$ 3,955,767	\$ 3,517,421	\$ 4,019,442
b. Infants < 1 year old	\$ 1,621,186	\$ 1,901,680	\$ 1,575,506	\$ 1,669,308	\$ 1,745,513	\$ 2,078,589
c. Children 1 to 22 years old	\$ 3,941,642	\$ 3,997,124	\$ 3,569,125	\$ 3,350,494	\$ 3,576,733	\$ 5,051,792
d. Children with Special Healthcare Needs	\$ 5,126,921	\$ 4,316,767	\$ 4,256,856	\$ 4,221,457	\$ 4,293,814	\$ 4,221,652
e. Others	\$ 568,041	\$ 474,241	\$ 531,749	\$ 440,035	\$ 429,947	\$ 251,075
f. Administration	\$ 1,543,062	\$ 1,533,337	\$ 1,292,757	\$ 1,439,485	\$ 1,428,148	\$ 1,356,292
g. SUBTOTAL	\$ 15,758,549	\$ 16,074,678	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 16,978,842
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 96,000		\$ 100,000	
c. CISS	\$ 0		\$ 100,000		\$ 37,500	
d. Abstinence Education	\$ 756,837		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 63,425,000		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 485,639		\$ 129,387		\$ 130,124	
j. Education	\$ 4,065,545		\$ 0		\$ 25,000	
k. Other						
Family Planning	\$ 3,528,259		\$ 1,779,897		\$ 2,023,653	
MCHB	\$ 236,000		\$ 0		\$ 100,000	
Dept. of Highway Safety	\$ 0		\$ 35,607		\$ 0	
CBFRS, ATSDR, Children First, Medicaid	\$ 3,639,821		\$ 0		\$ 0	
Dept. Public Safety	\$ 36,465		\$ 0		\$ 0	
III. SUBTOTAL	\$ 76,173,566		\$ 2,140,891		\$ 2,416,277	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2005
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2005
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2004
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2005
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2005
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2004
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OK

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 7,648,748	\$ 10,371,297	\$ 8,908,234	\$ 0	\$ 9,361,381	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,519,660	\$ 2,005,743	\$ 1,687,941	\$ 0	\$ 1,843,581	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,119,476	\$ 1,786,410	\$ 2,084,108	\$ 0	\$ 1,534,175	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,644,587	\$ 4,990,815	\$ 4,126,552	\$ 0	\$ 4,943,184	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 14,932,471	\$ 19,154,265	\$ 16,806,835	\$ 0	\$ 17,682,321	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OK

TYPE OF SERVICE	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 12,677,705	\$ 8,402,190	\$ 7,963,654	\$ 7,699,056	\$ 7,607,369	\$ 9,083,793
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 652,393	\$ 1,636,512	\$ 1,514,236	\$ 1,541,306	\$ 1,535,507	\$ 1,688,429
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,486,106	\$ 1,285,782	\$ 1,066,575	\$ 1,133,902	\$ 1,109,310	\$ 2,040,926
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 942,345	\$ 4,750,194	\$ 4,065,563	\$ 4,702,282	\$ 4,739,390	\$ 4,165,694
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 15,758,549	\$ 16,074,678	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 16,978,842

FORM NOTES FOR FORM 5

note

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 2. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 4. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 5. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2005
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 6. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 7. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
Dollar figures reported in TVIS often reveal a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: OK

Total Births by Occurrence: 51,683

Reporting Year: 2004

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	51,683	100	21	1	1	100
Congenital Hypothyroidism	51,683	100	27	21	21	100
Galactosemia	51,683	100	4	2	2	100
Sickle Cell Disease	51,683	100	19	16	16	100

Other Screening (Specify)

Cystic Fibrosis	51,683	100	11	11	11	100
Sickle Cell Trait	51,683	100	402	172	0	0
Congenital Adrenal Hyperplasia (CAH)	51,683	100	64	3	3	100
Hemoglobin C Trait	51,683	100	142	64	0	0

Screening Programs for Older Children & Women (Specify Tests by name)

Lead Screening	13,105		259	137	137	100
----------------	--------	--	-----	-----	-----	-----

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1.

Section Number:

Other Screening Types

Field Name:

Other

Row Name:

All Rows

Column Name:

All Columns

Year:

2007

Field Note:

Hemoglobin C Trait and Sickle Cell Trait: Treatment not indicated for those with confirmed cases.

Cystic Fibrosis:

SSS identified 76 CF carriers.

2.

Section Number:

Screening Programs for Older Children and Women

Field Name:

OtherWomen

Row Name:

All Rows

Column Name:

All Columns

Year:

2007

Field Note:

Leading screening data provided by Screening and Special Services, OSDH - 2004.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: OK

Reporting Year: 2005

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,809	41.1		61.7	7.6	
Infants < 1 year old	51,157					
Children 1 to 22 years old	15,758					
Children with Special Healthcare Needs	22,546	73.2	15.1	3.0	2.0	6.7
Others	82,952					
TOTAL	176,222					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2007
Field Note:
Source: Public Health Oklahoma Client Information System (PHOCIS), OSDH. Data reflect clients receiving maternity services in 2005.
2. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2007
Field Note:
Source: Oklahoma PRAMS 2003. Source of coverage not available via PHOCIS. PRAMS is used to estimate primary coverage source.
3. **Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2007
Field Note:
Source: Oklahoma PRAMS 2003. Source of coverage not available via PHOCIS. PRAMS is used to estimate primary coverage source.
4. **Section Number:** Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2007
Field Note:
Source: Oklahoma PRAMS 2003. Source of coverage not available via PHOCIS. PRAMS is used to estimate primary coverage source.
5. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2007
Field Note:
Reflects the number of infants served for newborn screening among Oklahoma residents (i.e., live births to Oklahoma residents).
6. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2007
Field Note:
Source: Public Health Oklahoma Information System (PHOCIS), OSDH.
7. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2007
Field Note:
Source: CSHCN Program, OKDHS.
8. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2007
Field Note:
Source: CSHCN Program, OKDHS.
9. **Section Number:** Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2007
Field Note:
Source: CSHCN Program, OKDHS.
10. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2007
Field Note:
Source: CSHCN Program, OKDHS.
11. **Section Number:** Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2007
Field Note:
Source: CSHCN Program, OKDHS.
12. **Section Number:** Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs

Column Name: Unknown %

Year: 2007

Field Note:

Source: CSHCN Program, OKDHS.

13. **Section Number:** Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2007

Field Note:

Source: Public Health Oklahoma Client Information System (PHOCIS), OSDH. Data reflect clients receiving family planning services in 2005.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: OK

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	51,157	39,944	4,689	5,387	127	1,010	0	0
Title V Served	6,285	2,170	567	70	132	0	0	3,346
Eligible for Title XIX	17,021	11,619	2,432	2,463	37	470	0	0
INFANTS								
Total Infants in State	51,676	40,335	4,717	5,481	127	1,016	0	0
Title V Served	43,507	33,927	3,991	4,495	88	812	0	194
Eligible for Title XIX	34,026	23,118	4,910	4,861	69	915	0	153

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	45,016	5,981	160	5,502	19	129	276	55
Title V Served	3,201	3,084	0	0	0	0	0	0
Eligible for Title XIX	14,670	3,357	51	3,138	7	51	122	39
INFANTS								
Total Infants in State	90,015	11,015	205	10,038	30	239	526	182
Title V Served	38,706	4,736	88	4,316	13	103	226	78
Eligible for Title XIX	29,336	6,192	67	5,651	16	133	291	101

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
PHOCIS does not collect subcategories of ethnicity. Data are not available for reporting.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OK

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 426-2747</u>	<u>(800) 426-2747</u>	<u>(800) 426-2747</u>	<u>(800) 426-2747</u>	<u>(800) 426-2747</u>
2. State MCH Toll-Free "Hotline" Name	OASIS	OASIS	OASIS	OASIS	OASIS
3. Name of Contact Person for State MCH "Hotline"	<u>Madeline McCollum</u>	<u>Madeline McCollum</u>	<u>Madeline McCollum</u>	<u>Madeline McCollum</u>	<u>Madeline McCollum</u>
4. Contact Person's Telephone Number	<u>(405) 271-6302</u>	<u>(405) 271-6302</u>	<u>(405) 271-6302</u>	<u>(405) 271-6302</u>	<u>(405) 271-6302</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>178,830</u>	<u>174,355</u>	<u>319,262</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OK

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2005

Field Note:

Source: Oklahoma Areawide Services Information System (OASIS). Data reflect calls (n=186) to OASIS hotline for MCH related issues and unique sessions at the OASIS website.

During FY2005, the OASIS website (<http://oasis.ouhsc.edu>) received 1,083,644 hits and there were 178,644 unique sessions. These numbers are extracted from reports created by a website analysis program on the OUHSC web server which hosts the OASIS website. The OASIS website contains information about OASIS, SoonerStart, the Oklahoma Commission on Children and Youth, the Oklahoma Respite Resource Network, Maternal & Child Health resources, the OASIS Parent Contact System and other programs and agencies as well as a calendar of events and a searchable directory of resources. There is no method at this time to track demographics for users.

*A hit is defined as any connection to an Internet site, including inline images and errors. A session is defined as one or more transactions between the Web server and a specific IP Address. Sessions can be human users as well as automated users such as search engine robots. Sessions expire after 15 minutes of inactivity.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2007
[SEC. 506(A)(1)]
STATE: OK

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administered by two state agencies. The Oklahoma State Department of Health (OSDH) administers programs for pregnant women, mothers, infants and children through the Maternal and Child Health Service (MCH). MCH organizationally consists of the Child and Adolescent Health Division, Women's Health Division and MCH Assessment. The Oklahoma Department of Human Services (OKDHS) administers the Children with Special Health Care Needs (CSHCN) Program through the Health Related and Medical Services of the Family Support Services Division.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 7,399,286
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,070,001
5. Local MCH Funds (Line 4, Form 2)	\$ 4,080,523
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 132,511
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 17,682,321

9. Most significant providers receiving MCH funds:

County Health Depts., OU Dept. of OBGYN
OU Dept. of Pediatrics, OK City-County Health Dept
Tulsa City-County Health Dept. Variety Health
OK Institute for Child Advocacy

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	3,809
b. Infants < 1 year old	51,157
c. Children 1 to 22 years old	15,758
d. CSHCN	22,546
e. Others	82,952

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

MCH provides child and adolescent health clinical services through county health departments and contract providers. Services include outreach, physical examination and treatment, anticipatory guidance, social work, nutrition and health education. In addition, MCH provides clinical family planning and maternity services through county health departments and contract providers. These services include outreach, prenatal risk assessment, physical examination and treatment, social work, nutrition and health education. Dental health services are also provided to include oral examinations, clinical procedures and treatment. Through contracted providers the CSHCN Program provides clinical and enabling services to neonates, children with sickle cell disease, children with autism and children who have been placed in custody of the state. The CSHCN Program provides formula, diapers and adaptive equipment through the Supplemental Security Income (SSI) Disabled Child Program (DCP) to children who receive SSI, as well as specialized formulas to children who have no other resource for receiving this formula. The CSHCN Program also provides respite care for the parents/caretakers of medically fragile children, MCH and the CSHCN Program provide support to the statewide 1-800 toll free resource and referral system.

b. Population-Based Services:
(max 2500 characters)

MCH provides education and training for health care providers, communities, schools, children and parents/guardians on healthy behaviors to include topics such as nutrition and physical activity, prevention of Sudden Infant Death Syndrome (SIDS), teen pregnancy prevention, school health, injury prevention, suicide prevention and violence prevention. MCH works with child care providers statewide on health and safety issues and provides leadership with the state early childhood systems initiative. In addition, community education and training on women and men's preventive health care, maternity care, women and men's reproductive health is provided. Support is provided for monitoring birth defects through a statewide registry and providing information and education on preventive measures. MCH supports and provides technical assistance for Fetal and Infant Mortality Review (FIMR), Maternal Mortality Review and Child Death Review activities. Oral health education to include the benefits of fluoridation is provided to communities, children and families. All newborns are screened for metabolic and hearing loss and followed to assure appropriate intervention is needed. The CSHCN Program provides education to health care providers and communities on issues impacting children with special health care needs.

c. Infrastructure Building Services:
(max 2500 characters)

MCH provides leadership in developing and setting state policy for services impacting the maternal and child health population to include children with special health care needs. The CSHCN Program provides leadership in developing and setting state policy for services impacting children with special health care needs and their families. The MCH and the CSHCN Program are involving more parent/caretakers, stakeholders and the general population in providing input into the planning process for MCH and CSHCN services. MCH provides education, training and technical assistance to public and private health care providers statewide on current health policies and standards of practice. Program specific data and population-based data from sources such as the State Systems Development Initiative (SSDI), Pregnancy Risk Assessment Monitoring System (PRAMS), The Oklahoma Toddler Survey (TOTS), Oklahoma First Grade Survey, Oklahoma Fifth Grade Survey, Youth Risk Behavior Survey (YRBS), Middle School Risk Behavior Survey (MSRBS) and the Oklahoma Birth Defects Registry provides information for the planning, development and maintenance of maternal and child health policy and procedures, program services and community planning. CSHCN services can be obtained through local Oklahoma Department of Human Services (OKDHS) offices located in every county of the state. MCH and the CSHCN programs provide technical assistance, education, training and monitoring of Title V related activities to assure communities have resources to identify health care needs of women, infants, and children and to enhance/develop systems of care.

12. The primary Title V Program contact person:

Name	Suzanna Dooley, MS, ARNP
Title	Chief, Maternal & Child Health Services
Address	OSDH, 1000 NE 10th Street
City	Oklahoma City
State	Oklahoma
Zip	73117-1299
Phone	(405) 271-4480
Fax	(405) 271-2994
Email	suzannad@health.ok.gov
Web	www.health.state.ok.us; OASIS, oasis.ouhsc.edu

13. The children with special health care needs (CSHCN) contact person:

Name	Karen Hylton
Title	Director, CSHCN Program
Address	OKDHS, P.O. Box 25352
City	Oklahoma City
State	Oklahoma
Zip	73125
Phone	(405) 521-3602
Fax	(405) 521-4158
Email	karen.hylton@okdhs.org
Web	www.okdhs.org

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: OK

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u> </u>	<u> </u> 100	<u> </u> 100	<u> </u> 100	<u> </u> 100
Annual Indicator	<u> </u>	<u> </u> 100.0	<u> </u> 100.0	<u> </u> 100.0	<u> </u> 100.0
Numerator	<u> </u>	<u> </u> 38	<u> </u> 36	<u> </u> 31	<u> </u> 54
Denominator	<u> </u>	<u> </u> 38	<u> </u> 36	<u> </u> 31	<u> </u> 54
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u> </u> 100	<u> </u> 100	<u> </u> 100	<u> </u> 100	<u> </u> 100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

All newborns delivered in Oklahoma are screened for congenital hypothyroidism, galactosemia, phenylketonuria (PKU), sickle cell disease, cystic fibrosis, hemoglobinopathies, and congenital adrenal hyperplasia (CAH). Oklahoma began screening for cystic fibrosis and CAH on February 14, 2005. 100% of sickle cell traits and hemoglobin C traits referred for counseling by the Sickle Cell Association (SCA), with 40% of those counseled by the SCA.

Data were provided by Screening and Special Services, Oklahoma State Department of Health.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

Data were obtained from Screening and Special Services, Oklahoma State Department of Health. All newborns born in Oklahoma are screened for congenital hypothyroidism, galactosemia, phenylketonuria and sickle cell disease.

3. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

PM#1: Data were provided by Screening and Special Services, OSDH.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective			52	53.8	54.9
Annual Indicator		50.4	50.4	50.4	50.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>56</u>	<u>57.4</u>	<u>58.8</u>	<u>60</u>	<u>60.9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#2: Measure were pre-populated by data from the SLAITS CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective			54	56.7	57.8
Annual Indicator		53.3	53.3	53.3	53.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	59.3	60.5	62	63.5	64.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#03: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective			58	59.5	61
Annual Indicator		56.4	56.4	56.4	56.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	62.5	64.1	65.4	67	67.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#4: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective			68	69.7	71.4
Annual Indicator		67.6	67.6	67.6	67.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	73.2	75.1	76.9	78.9	79.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#5: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective			7.8	8.2	8.2
Annual Indicator		5.8	5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	6	6.2	6.3	6.5	6.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003
Field Note:
 PM#6: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	75	77	79	82	83.6
Annual Indicator	77.0	65.3	70.5	72.0	72.0
Numerator	36,591	31,031	33,502	34,215	34,215
Denominator	47,521	47,521	47,521	47,521	47,521
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	74.2	76.4	78.2	80.3	81.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2005**Field Note:**

PM#7: Data were obtained from the National Immunization Survey, Centers for Disease Control and Prevention. Data for year 2005 are not available. Year 2004 repeated to provide an estimate for year 2005.

Population data were obtained from the U.S. Bureau of the Census.

2. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#7: Data were obtained from the National Immunization Survey, Centers for Disease Control and Prevention.

Population data were obtained from the U.S. Bureau of the Census.

3. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#7: Data were obtained from the National Immunization Survey, Centers for Disease Control and Prevention.

Population data were obtained from the U.S. Bureau of the Census.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	31	30	29	28	27.3
Annual Indicator	31.2	28.6	29.7	31.9	31.9
Numerator	2,322	2,216	2,118	2,145	2,145
Denominator	74,339	77,409	71,309	67,198	67,198
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	31.4	31	30.5	30	29.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 are not available. Year 2004 repeated to provide an estimate for 2005.

2. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Health Care Information, OSDH.

3. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source: Health Care Information, OSDH.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	24	25	26	40	41.2
Annual Indicator	22.0	22.0	37.2	32.9	36.8
Numerator	21,054	22,329			
Denominator	95,700	101,495			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	37.7	38.7	39.6	40.6	41.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Statewide Oklahoma Oral Health Needs Assessment, 2005 - Dental Health Service, OSDH.

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#09: Data were obtained from a statewide Oklahoma Oral Health Needs Assessment, 2004 - Dental Health Service, OSDH.

3. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#09: 2003 data were obtained from Oklahoma Oral Health Needs Assessment, 2003 - Dental Health Service, OSDH.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	6.9	6.7	6.5	4.5	3.7
Annual Indicator	6.1	4.5	3.8	5.6	5.6
Numerator	45	33	28	41	41
Denominator	733,102	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	5.5	5.4	5.4	5.3	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data for year 2005 not available. Year 2004 is repeated to provide estimate.

Source for numerator data: Health Care Information, OSDH.

Source for population data: American Community Survey, US Census Bureau

2. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source for numerator data: Health Care Information, OSDH.

Source for population data: American Community Survey, US Census Bureau

3. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source for numerator data: Health Care Information, OSDH.

Source for population data: American Community Survey, US Census Bureau

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					31.2
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	31.8	32.4	33.1	33.8	34.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

Source: National Immunization Survey 2004. Data reflect Oklahoma-specific estimate generated from NIS 2004.

PERFORMANCE MEASURE RETIRED 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	68	69	70	72.5	73.6
Annual Indicator	70.7	68.0	68.9	68.9	68.9
Numerator	35,369	34,210	35,052	35,052	35,052
Denominator	50,027	50,310	50,874	50,874	50,874
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	74.7	75.8	76.9	78.1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma PRAMS. Year 2004 data are not yet available. Year 2003 estimate is repeated.

2. **Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#11: Data were obtained from Oklahoma PRAMS. Year 2004 data are not yet available. Year 2003 estimate is repeated.

3. **Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#11: Data were obtained from Oklahoma PRAMS.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	70	80	90	93.5	96.6
Annual Indicator	90.0	92.6	96.2	93.8	93.8
Numerator	45,445	45,174	48,928	47,989	47,989
Denominator	50,494	48,764	50,874	51,157	51,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	97.2	97.7	98.1	98.6	99.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Year 2005 data are not yet available. Year 2004 has been repeated to provide an estimate.

Source: Screening and Special Services, OSDH.

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for year 2004 have been revised to reflect final data.

Source: Screening and Special Services, OSDH.

3. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#12: Data were obtained from Screening and Special Services, OSDH.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	20.5	20	19.5	14	13.7
Annual Indicator	17.2	17.0	14.1	15.3	18.2
Numerator	175,142	160,321	130,150	141,860	166,090
Denominator	1,018,268	943,066	926,120	924,670	910,660
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	17.8	17.5	17.1	16.8	16.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2004 and 2005 Current Population Survey (CPS: Annual Social and Economic Supplements).

Health Insurance Coverage of Children 0-18, states (2003-2004), U.S. (2004)

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#13: Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#13: Data were obtained from the Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2002 and 2003 Current Population Surveys.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					51.3
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	50.2	48.8	47.3	44.9	42.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

Source: National Survey of Children's Health, 2003. Data reflect Oklahoma-specific estimate.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					19.0
Numerator					9,720
Denominator					51,157
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	18.8	18.6	18.4	18.3	18.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS). Data for year 2005 are not available. Reported data represent PRAMS 2003. Measure will be updated when more timely data become available.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	9.5	9.2	9	9	8.9
Annual Indicator	9.5	10.2	11.4	10.2	10.2
Numerator	25	27	30	27	27
Denominator	264,101	264,101	264,101	264,101	264,101
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>10.1</u>	<u>10</u>	<u>9.9</u>	<u>9.8</u>	<u>9.7</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#16: Data were obtained from Health Care Information, OSDH. Year 2004 data are not yet available; year 2003 is repeated to provide estimate for measure.

2. Section Number: Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#16: Data were obtained from Health Care Information, OSDH.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	74.2	75.6	77.6	79.1	80.3
Annual Indicator	71.7	77.7	78.8	74.0	74.0
Numerator	477	488	473	481	481
Denominator	665	628	600	650	650
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	75.5	77	78.5	80.1	81.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Year 2005 data are not available, year 2004 repeated as an estimate.

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Health Care Information, OSDH.

3. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#17: Data were obtained from Health Care Information, OSDH.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	82.5	83	83.5	83.5	84.8
Annual Indicator	77.5	76.8	77.8	78.1	78.1
Numerator	37,750	37,537	38,449	38,758	38,758
Denominator	48,740	48,908	49,426	49,623	49,623
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	79.3	80.5	81.7	82.9	84.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data are not yet available. Therefore, 2004 data have been used as an estimate for this measure. Source: Health Care Information, OSDH.

2. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#18: Data were obtained from Health Care Information, OSDH. They have been revised to reflect final data for year 2004.

3. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#18: Data were obtained from Health Care Information, OSDH.

STATE PERFORMANCE MEASURE # 1

The percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in live birth.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	44	43	42	41.5	40.9
Annual Indicator	52.1	48.5	48.4	51.9	51.9
Numerator	26,064	24,400	24,623	26,550	26,550
Denominator	50,027	50,310	50,874	51,157	51,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	50.8	49.8	48.8	47.9	46.9
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

SPM#1: Data were obtained from Oklahoma PRAMS. Year 2005 data are not available. Year 2003 data repeated as an estimate for 2005.

2. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2004**Field Note:**

SPM#1: Data were obtained from Oklahoma PRAMS. Year 2004 data are not available. Year 2003 data repeated as an estimate for 2004.

3. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2003**Field Note:**

SPM#1: Data were obtained from Oklahoma PRAMS.

STATE PERFORMANCE MEASURE # 2

The percent of mothers who smoke during the third trimester of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective		15	14	20.1	15.9
Annual Indicator		20.0	16.2	16.2	16.2
Numerator		10,062	8,242	8,287	8,287
Denominator		50,310	50,874	51,157	51,157
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	15.7	15.4	15.1	14.8	14.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma PRAMS 2003, MCH, OSDH. Data for year 2005 are not available. 2003 data used as an estimate for 2005.

2. Section Number: State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2004**Field Note:**

SPM#8: Data were obtained from Oklahoma PRAMS, MCH Assessment. Final data for year 2004 are not yet available. Year 2003 data are repeated.

3. Section Number: State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2003**Field Note:**

SPM#8: Data were obtained from Oklahoma PRAMS, MCH Assessment.

STATE PERFORMANCE MEASURE # 3

The percent of adolescents grades 9-12 smoking tobacco products

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	31.6	31.3	28.2	24.8	24.4
Annual Indicator	33.5	24.0	26.5	26.5	28.6
Numerator	90,240	62,671	69,200	69,200	74,683
Denominator	269,373	261,131	261,131	261,131	261,131
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>28.2</u>	<u>27.7</u>	<u>27.3</u>	<u>26.9</u>	<u>26.5</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Youth Risk Behavior Survey (YRBS), MCH, OSDH. Data reflect 2005 statewide survey data.

2. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Oklahoma Youth Risk Behavior Survey (YRBS), MCH, OSDH. Data reflect 2003 statewide survey data.

3. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source: Oklahoma Youth Risk Behavior Survey (YRBS), MCH, OSDH. Data reflect 2003 statewide survey data.

STATE PERFORMANCE MEASURE # 4

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective		70	75	130	134
Annual Indicator		67	127	120	142
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	144	151	159	175	192
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Children with Special Health Care Needs (CSHCN) Program, Oklahoma Department of Human Services.

2. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Children with Special Health Care Needs (CSHCN) Program, Oklahoma Department of Human Services.

3. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source: Children with Special Health Care Needs (CSHCN) Program, Oklahoma Department of Human Services.

STATE PERFORMANCE MEASURE # 5

The percent of adolescents at risk for overweight (greater than or equal to 85th percentile of gender-specific body mass index [BMI] distribution).

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					15.9
Numerator					
Denominator					
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	15.6	15.3	15	14.7	14.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

Source: statewide Oklahoma Youth Risk Behavior Survey 2005.

STATE PERFORMANCE MEASURE # 6

The extent to which the MCH program area develops and maintains the capacity to access and link health-related data relevant to targeted MCH populations.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					14
Numerator					
Denominator					
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	21	21	21	21	21
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

Source: MCH Assessment, OSDH. Score derived from Form 19 HSCI #09A.

STATE PERFORMANCE MEASURE # 7

The percent of Medicaid eligible children with special health care needs who report receiving routine dental care.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	20	22	24.2	26.6	29.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Source: CSHCN program, OKDHS. Medicaid claims data, OHCA. Data are not currently available, but will be later this year.

STATE PERFORMANCE MEASURE # 8

The percent of adolescents grades 9-12 not using alcohol during the past 30 days.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					59.5
Numerator					
Denominator					
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>60.7</u>	<u>61.9</u>	<u>63.1</u>	<u>64.4</u>	<u>65.7</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: statewide Oklahoma Youth Risk Behavior Survey 2005.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: OK

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	7.7	7.5	7.3	7.2	7.1
Annual Indicator	7.2	8.1	7.7	7.9	7.9
Numerator	362	395	391	406	406
Denominator	50,027	48,764	50,874	51,157	51,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	7.8	7.7	7.6	7.5	7.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
 Source: Health Care Information, OSDH. Data for year 2005 are not available. Year 2004 data are repeated for year 2005.
- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
 Source: Health Care Information, OSDH. Year 2004 is revised with final data.
- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2003
Field Note:
 Source: Health Care Information, OSDH.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1.9</u>
Annual Indicator	<u>2.3</u>	<u>2.5</u>	<u>2.1</u>	<u>2.4</u>	<u>2.4</u>
Numerator	<u>14.8</u>	<u>17.2</u>	<u>15</u>	<u>16.6</u>	<u>16.6</u>
Denominator	<u>6.4</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	1.9	1.8	1.8	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

Souce: Health Care Information, OSDH. Year 2005 data are not available. Year 2004 is repeated to provide an estimate for 2005.

2. Section Number: Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Health Care Information, OSDH. Year 2004 has been revised with final data.

3. Section Number: Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source: Health Care Information, OSDH.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	4.6	4.5	4.4	4.3	4.2
Annual Indicator	4.1	5.0	4.3	4.7	4.7
Numerator	203	245	218	240	240
Denominator	50,027	48,764	50,874	51,157	51,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	4.7	4.6	4.6	4.5	4.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Year 2005 data are unavailable at this time, year 2004 repeated as an estimate.

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

OM#3: Data were obtained from Health Care Information, OSDH. Data for year 2004 are unavailable at this time.

3. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

OM#3: Data were obtained from Health Care Information, OSDH.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	3.1	3	2.9	2.9	2.9
Annual Indicator	3.2	3.1	3.4	3.2	3.2
Numerator	159	150	173	166	166
Denominator	50,027	48,764	50,874	51,157	51,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	3.2	3.1	3.1	3.1	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 are unavailable at this time, year 2004 repeated as an estimate.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

OM#4: Data were obtained from Health Care Information, OSDH. Data for year 2004 have been revised to reflect final data.

3. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

OM#4: Data were obtained from Health Care Information, OSDH.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	9.7	9.4	9.1	8.7	8.6
Annual Indicator	10.2	11.5	9.4	9.6	9.6
Numerator	515	564	483	494	494
Denominator	50,373	49,046	51,196	51,478	51,478
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	9.5	9.4	9.3	9.2	9.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Year 2005 data are not available at this time, year 2004 repeated as an estimate.

2. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

OM#5: Data were obtained from Health Care Information, OSDH. Data for year 2004 have been update to reflect the latest available information.

3. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

OM#5: Data were obtained from Health Care Information, OSDH.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	27	26.5	26	25.6	25.3
Annual Indicator	31.1	20.6	28.3	25.5	25.5
Numerator	213	141	194	175	175
Denominator	685,374	685,374	685,374	685,374	685,374
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	25.1	24.7	24.3	24	23.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

Vital Statistics Data Source: Health Care Information, OSDH.

Population Data Source: U.S. Bureau of the Census

Year 2005 data are not available. Year 2004 is repeated to provide an estimate.

2. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

Vital Statistics Data Source: Health Care Information, OSDH.

Population Data Source: U.S. Bureau of the Census

Numerator data for year 2004 have been revised to reflect final data.

3. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

Vital Statistics Data Source: Health Care Information, OSDH.

Population Data Source: U.S. Bureau of the Census

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: OK

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 12

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: OK FY: 2007

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the prevalence of obesity among the MCH populations
2. Reduce substance abuse behaviors in the MCH populations
3. Improve utilization of dental health services by pregnant women and children
4. Increase access to prenatal care
5. Increase the proportion of the MCH populations who are insured
6. Improve transition services for adolescents
7. Reduce unwanted, unplanned pregnancies
8. Increase the proportion of fully immunized children entering school
9. Increase the proportion of mothers who breastfeed their infants
10. Improve data access and file linkages of public health databases

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: OK

APPLICATION YEAR: 2007

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>17</u>	Restructuring of state's maternal mortality review process	MCH has recently taken the lead for this process and is looking to develop a multidisciplinary approach to replace the very limited approach previously used.	Florida, MCH
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>17</u>	Gain information on more efficient ways to abstract data and in using trend data	Little experience in state on these activities specific to FIMR.	Florida, MCH or South Carolina, MCH
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Developing of information gathering tools and data systems	CSHCN has need to identify gaps so targeted interventions can be implemented.	Unknown
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: OK

SP # 1

PERFORMANCE MEASURE:

The percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in live birth.

STATUS:

Active

GOAL

To reduce the number of unintended pregnancies.

DEFINITION

The percent of women having an unintended pregnancy resulting in a live birth.

Numerator:

The annual estimated number of mistimed and unwanted pregnancies.

Denominator:

The annual number of live births in Oklahoma.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma PRAMS, vital records

SIGNIFICANCE

Unintended pregnancies are at greater risk for complicated births and poor pregnancy outcomes including infant mortality, birth defects, low birth weight, child abuse and dependency on welfare.

SP # 3

PERFORMANCE MEASURE:

The percent of adolescents grades 9-12 smoking tobacco products

STATUS:

Active

GOAL

To decrease the incidence of tobacco use and the resultant disease and death attributable to exposure to tobacco products among adolescents.

DEFINITION

The proportion of 9th through 12th graders smoking will be obtained data from the Oklahoma Statewide Youth Risk Behavior Survey. The proportion of students saying they smoked at least one or more cigarettes daily for the past 30 days will be considered smokers.

Numerator:

The number of 9th through 12th grade students who report smoking cigarettes daily times.

Denominator:

The total number of 9th through 12th grade students surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma Statewide Youth Risk Behavior Survey (YRBS).

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of death in the United States. It has been estimated that one in five deaths is caused by tobacco use. Studies have shown the vast majority of smokers start before 18 years of age.

SP # 4

PERFORMANCE MEASURE:

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

STATUS:

Active

GOAL

To increase the number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

DEFINITION

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

Numerator:

n/a

Denominator:

n/a

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Claim payment records

SIGNIFICANCE

Respite care is the issue that is brought up at every Block Grant hearing as a need. By providing respite care you are lowering the risk of that child being institutionalized.

SP # 5

PERFORMANCE MEASURE:

The percent of adolescents at risk for overweight (greater than or equal to 85th percentile of gender-specific body mass index [BMI] distribution).

STATUS:

Active

GOAL

To reduce the proportion of adolescents at risk for being overweight.

DEFINITION

The percent of adolescents at risk for overweight.

Numerator:

The number of adolescents at risk for overweight responding to the statewide Oklahoma Youth Risk Behavior Survey.

Denominator:

The total number of adolescents responding to the statewide Oklahoma Youth Risk Behavior Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 19-3c. Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

Oklahoma school-based Youth Risk Behavior Survey

SIGNIFICANCE

Overweight and obesity elevate the risk of a number of illnesses including hypertension, high cholesterol, diabetes, cardiovascular disease, and a number of cancer types.

SP # 6

PERFORMANCE MEASURE:

The extent to which the MCH program area develops and maintains the capacity to access and link health-related data relevant to targeted MCH populations.

STATUS:

Active

GOAL

To improve MCH data capacity by collecting, linking, and analyzing relevant health data to inform key policy and program decisions.

DEFINITION

The degree that MCH cultivates data access and implements and sustains linking activities to increase data capacity to further analyses and guide policy and program development. Progress for this measure will be referred to Form 19 Health Systems Capacity Indicator #09A, which outlines key elements for expanding data capacity. Success is measured by direct access to and linking of targeted data streams (e.g., Medicaid data, vital statistics, WIC, newborn screening, birth defects) by ranking on a scale of 1-3, with 3 the ideal case in which the MCH Program area has the ability to avail itself of data for analysis and linking purposes. Each element will be individually scored. Single scores are summed across items to yield a total score purported to indicate the extent to which data capacity has been achieved. Higher overall scores reveal greater levels of data capacity.

Numerator:

N/A

Denominator:

N/A

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma vital statistics; newborn screening data; direct client services database, Public Health Oklahoma Information System (PHOCIS); MCH surveillance data, PRAMS and TOTS; Medicaid claims and eligibility data

SIGNIFICANCE

Bringing together key health-related information systems will strengthen policy and program decisions by permitting public health professional to make informed judgments about the allocation of limited resources. Linked data will provide a more comprehensive assessment of health care and health status among MCH populations.

SP # 7

PERFORMANCE MEASURE:

The percent of Medicaid eligible children with special health care needs who report receiving routine dental care.

STATUS:

Active

GOAL

To determine the percentage of Medicaid-eligible children with special health care needs receiving routine dental care.

DEFINITION

The percent of Medicaid eligible children with special health care needs who report receiving routine dental care.

Numerator:

The number of CSHCN adolescents who have a paid Medicaid claim for routine dental care.

Denominator:

The number of CSHCN adolescents, which includes those children classified as disabled by the CSHCN program and those in OKDHS custody, but not classified as disabled.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN program data, Oklahoma Department of Human Services. Medicaid program claims data, Oklahoma Health Care Authority.

SIGNIFICANCE

Past experience in recent years has suggested insufficient access to routine dental care for children with special health care needs. At present, only anecdotal evidence is available to substantiate this perception. Information gathered for this performance measure will provide the State with documentary evidence. Furthermore, this information will be used by the Oral Health Coalition and inform recommendations for the Oral Health Forum. This will enable the State to target geographic areas of need.

SP # 8

PERFORMANCE MEASURE:

The percent of adolescents grades 9-12 not using alcohol during the past 30 days.

STATUS:

Active

GOAL

To increase the percentage of adolescents not using alcohol during the past 30 days.

DEFINITION

The percent of adolescents grades 9-12 that refrain from the current use of alcohol.

Numerator:

The number of adolescents grades 9-12 that report no use of alcohol in the past 30 days on the Oklahoma Youth Risk Behavior Survey (YRBS).

Denominator:

The number of adolescents grades 9-12 that respond to the Oklahoma Youth Risk Behavior Survey (YRBS).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

26.9 Increase the age and proportion of adolescents who remain alcohol and drug free.

DATA SOURCES AND DATA ISSUES

Oklahoma statewide Youth Risk Behavior Survey

SIGNIFICANCE

Substance abuse is a pervasive public health problem. Alcohol use and related problems are common among adolescents. A larger proportion of adolescents that initiate drinking early develop alcohol dependence later in life. Long-term heavy drinking has severe health risks: high blood pressure, heart arrhythmias, stroke. Heavy drinking has been linked to certain forms of cancer. Alcohol use is associated with injuries and deaths from motor vehicle crashes, falls, and drownings. It is also associated with homicide, suicide, and child abuse.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: OK

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	25.1	42.7	42.4	49.2	49.2
Numerator	590	1,004	996	1,156	1,156
Denominator	234,935	234,935	234,935	234,935	234,935
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
Source: Health Care Information, OSDH. Year 2005 hospital discharge data are unavailable at this time. Data for year 2004 repeated as an estimate.
- Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
Source: Health Care Information, OSDH. Year 2004 has been revised with this reporting to reflect the latest available information. 129 (98.5%) facilities submitted data to HCI in year 2004.
- Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
HSCI#01: Data were obtained from Health Care Information, OSDH.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	77.7	75.3	70.7	84.1	84.1
Numerator	23,825	23,831	23,819	28,666	28,666
Denominator	30,671	31,654	33,709	34,074	34,074
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Health Care Authority. Data for year 2005 are not yet available. Year 2004 is used to estimate for year 2005.

2. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Oklahoma Health Care Authority. Data have been revised to reflect the latest information available.

3. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data for HSCI#02 were obtained from Oklahoma Health Care Authority.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	85.9	84.3	82.9	82.9	82.9
Numerator	937	1,230	1,230	1,230	1,230
Denominator	1,091	1,459	1,483	1,483	1,483
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Health Care Authority. Data for year 2005 are not available. Year 2002 data are repeated to provide an estimate.

2. Section Number: Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for HSCI#03 were obtained from the Oklahoma Health Care Authority.

3. Section Number: Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data for HSCI#03 were obtained from the Oklahoma Health Care Authority.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>77.0</u>	<u>77.7</u>	<u>77.8</u>	<u>76.5</u>	<u>76.5</u>
Numerator	<u>37,469</u>	<u>37,930</u>	<u>38,223</u>	<u>39,160</u>	<u>39,160</u>
Denominator	<u>48,659</u>	<u>48,846</u>	<u>49,126</u>	<u>51,157</u>	<u>51,157</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Year 2005 are not available. Year 2004 repeated to provide an estimate.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSC04: Data were obtained from Health Care Information, OSDH. Data are updated with final 2004 information.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSC04: Data were obtained from Health Care Information, OSDH.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	75.9	79.0	78.2	77.4	77.4
Numerator	301,016	338,727	343,243	385,620	385,620
Denominator	396,424	429,000	438,700	498,031	498,031
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Health Care Authority and the Kaiser Foundation. Year 2005 data not yet available, year 2004 repeated as an estimate.

2. Section Number: Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2004**Field Note:**

PM#14: Data were obtained from the Oklahoma Health Care Authority and the Kaiser Foundation.

3. Section Number: Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2003**Field Note:**

PM#14: Data were obtained from the Oklahoma Health Care Authority and the Kaiser Foundation.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	18.0	18.0	26.2	40.4	40.4
Numerator	20,231	20,231	22,661	36,862	36,862
Denominator	112,396	112,396	86,606	91,164	91,164
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Health Care Authority, the State's Medicaid agency.

2. Section Number: Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSCI#7: Data for this indicator were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.

3. Section Number: Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSCI#7: Data for this indicator were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	0.5	66.0	73.0	73.0	73.0
Numerator	103	6,006	6,643	6,643	6,643
Denominator	18,763	9,100	9,100	9,100	9,100
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Health Care Authority, the state Medicaid agency. Data for year 2005 are not available, year 2003 data repeated to provide an estimate.

2. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSCI#08: Data were obtained from Oklahoma Department of Human Services. CSHCN contends that the denominator in this health system capacity indicator is low. Requests for information to the Social Security Administration have not allowed CSHCN to confirm or refute the data.

3. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSCI#08: Data were obtained from Oklahoma Department of Human Services. CSHCN contends that the denominator in this health system capacity indicator is low. Requests for information to the Social Security Administration have not allowed CSHCN to confirm or refute the data.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: OK

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2003	Other	<u>7.9</u>	<u>6</u>	<u>6.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2004	Other	<u>0</u>	<u>0</u>	<u>7.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Other	<u>67.2</u>	<u>82.8</u>	<u>74.6</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2003	Other	<u>65.3</u>	<u>73.6</u>	<u>68.9</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: OK

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2005	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2005	<u>185</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2005	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: OK

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2005	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2005	<u>185</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2005	<u>185</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2007
Field Note:
Source: Pregnancy Risk Assessment Monitoring System (PRAMS) 2003.
2. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2007
Field Note:
Source: Health Care Information, OSDH. 2004 is the latest year for which data are available. Medicaid status not available for death certificate information.
3. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2007
Field Note:
Source: Pregnancy Risk Assessment Monitoring System (PRAMS) 2003.
4. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2007
Field Note:
Source: Pregnancy Risk Assessment Monitoring System (PRAMS) 2003.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OK

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OK

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: WIC Program Data	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: OK

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	<u>7.8</u>	<u>8.0</u>	<u>7.8</u>	<u>8.0</u>	<u>8.0</u>	
Numerator	<u>3,898</u>	<u>4,014</u>	<u>3,912</u>	<u>4,097</u>	<u>4,097</u>	
Denominator	<u>49,958</u>	<u>50,289</u>	<u>50,455</u>	<u>51,115</u>	<u>51,115</u>	
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes

1. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Health Care Information, OSDH. Data for year 2005 are not yet available. 2004 is repeated to provide an estimate.

2. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2004

Field Note:

HSI#01A: Data were obtained from Health Care Information, OSDH.

3. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2003

Field Note:

HSI#01A: Data were obtained from Health Care Information, OSDH.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator	6.3	6.4	6.3	6.6	6.6
Numerator	3,054	3,141	3,095	3,271	3,271
Denominator	48,589	48,848	49,048	49,692	49,692
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Year 2005 data are not available, year 2004 repeated as an estimate.

2. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#01B: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#01B: Data were obtained from Health Care Information, OSDH.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	<u>1.3</u>	<u>1.3</u>	<u>1.2</u>	<u>1.3</u>	<u>1.3</u>	
Numerator	<u>665</u>	<u>642</u>	<u>600</u>	<u>649</u>	<u>649</u>	
Denominator	<u>49,961</u>	<u>50,289</u>	<u>50,455</u>	<u>51,115</u>	<u>51,115</u>	
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 are not available, 2004 repeated as an estimate.

2. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#02A: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#02A: Data were obtained from Health Care Information, OSDH.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2001	2002	2003	2004	2005	
Annual Indicator	1.0	1.0	1.0	1.0	1.0	
Numerator	501	479	491	519	519	
Denominator	48,589	48,848	49,048	49,692	49,692	
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Health Care Information, OSDH. Data for year 2005 not yet available, 2004 repeated to provide an estimate.

2. Section Number: Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2004

Field Note:

HSI#02B: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2003

Field Note:

HSI#02B: Data were obtained from Health Care Information, OSDH.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	13.0	9.0	10.5	13.0	13.0	
Numerator	95	66	77	95	95	
Denominator	733,102	733,102	733,102	733,102	733,102	
Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 not available, 2004 repeated as an estimate.

2. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#03A: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#03A: Data were obtained from Health Care Information, OSDH. Data were revised to reflect latest available information.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	6.1	4.5	3.8	5.6	5.6	
Numerator	45	33	28	41	41	
Denominator	733,102	733,102	733,102	733,102	733,102	
Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 not available, 2004 repeated as an estimate.

2. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#03B: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#03B: Data were obtained from Health Care Information, OSDH.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator	33.4	35.4	30.9	38.5	38.5
Numerator	172	182	159	198	198
Denominator	514,379	514,379	514,379	514,379	514,379
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Health Care Information, OSDH. Data for year 2005 not available, 2004 repeated as an estimate.

2. Section Number: Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#03C: Data were obtained from Health Care Information, OSDH.

3. Section Number: Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#03C: Data were obtained from Health Care Information, OSDH. Data revised to reflect latest information available.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>340.7</u>	<u>340.7</u>	<u>340.7</u>	<u>340.7</u>	<u>340.7</u>
Numerator	<u>2,498</u>	<u>2,498</u>	<u>2,498</u>	<u>2,498</u>	<u>2,498</u>
Denominator	<u>733,102</u>	<u>733,102</u>	<u>733,102</u>	<u>733,102</u>	<u>733,102</u>
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2005
Field Note:

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	570.7	570.7	511.5	491.5	491.5
Numerator	4,184	4,184	3,750	3,603	3,603
Denominator	733,102	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: Oklahoma Department of Public Safety. Year 2005 data not available, year 2004 repeated to provide estimate.

2. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Source: Oklahoma Department of Public Safety. Year 2004 revised to reflect newly acquired information.

3. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Source: Oklahoma Department of Public Safety. Year 2003 revised to reflect newly acquired information.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator	2,840.9	2,840.9	2,795.6	2,760.5	2,760.5
Numerator	14,698	14,698	14,464	14,282	14,282
Denominator	517,379	517,379	517,379	517,379	517,379
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data reflect motor vehicle crashes for ages 15-25. Year 2005 data are not available at this time, year 2004 repeated to provide an estimate.

Source: Oklahoma Department of Public Safety.

2. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data reflect motor vehicle crashes for ages 15-25.

Source: Oklahoma Department of Public Safety.

3. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data reflect motor vehicle crashes for ages 15-25.

Source: Oklahoma Department of Public Safety.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		Annual Indicator Data				
	2001	2002	2003	2004	2005	
Annual Indicator	30.4	30.2	30.6	26.0	31.6	
Numerator	3,897	3,882	3,927	3,335	4,062	
Denominator	128,386	128,386	128,386	128,386	128,386	
Provisional or Final?				Final	Final	

Field Level Notes**1. Section Number:** Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: HIV/STD Service, OSDH.

2. Section Number: Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#05A: Data were obtained from the HIV/STD Service, OSDH.

3. Section Number: Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#05A: Data were obtained from the HIV/STD Service, OSDH.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	7.6	6.6	7.9	7.8	9.7
Numerator	4,636	4,011	4,839	4,723	5,904
Denominator	608,733	608,733	608,733	608,733	608,733
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Source: HIV/STD Service, OSDH.

2. Section Number: Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2004**Field Note:**

HSI#05A: Data were obtained from the HIV/STD Service, OSDH.

3. Section Number: Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2003**Field Note:**

HSI#05B: Data were obtained from the HIV/STD Service, OSDH.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	50,529	37,929	4,301	4,932	771	47	2,549	0
Children 1 through 4	193,610	141,217	18,084	19,512	2,957	191	11,649	0
Children 5 through 9	234,456	166,444	23,408	25,029	3,507	267	15,801	0
Children 10 through 14	248,971	178,185	25,429	27,073	3,306	226	14,752	0
Children 15 through 19	257,056	186,671	25,345	26,896	3,761	241	14,142	0
Children 20 through 24	277,699	205,602	28,383	24,892	6,202	356	12,264	0
Children 0 through 24	1,262,321	916,048	124,950	128,334	20,504	1,328	71,157	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	45,472	5,057	0
Children 1 through 4	174,501	19,109	0
Children 5 through 9	213,255	21,201	0
Children 10 through 14	230,306	18,665	0
Children 15 through 19	239,260	17,796	0
Children 20 through 24	253,490	22,209	0
Children 0 through 24	1,156,284	104,037	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	104	66	23	15	0	0	0	0
Women 15 through 17	2,165	1,479	318	348	3	17	0	0
Women 18 through 19	4,740	3,467	563	679	2	29	0	0
Women 20 through 34	40,414	31,784	3,542	4,167	102	819	0	0
Women 35 or older	4,253	3,539	271	272	20	151	0	0
Women of all ages	51,676	40,335	4,717	5,481	127	1,016	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	80	24	0
Women 15 through 17	1,736	414	15
Women 18 through 19	4,108	612	20
Women 20 through 34	35,803	4,498	113
Women 35 or older	3,742	498	13
Women of all ages	45,469	6,046	161

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	406	281	78	44	3	0	0	0
Children 1 through 4	82	60	11	10	1	0	0	0
Children 5 through 9	50	35	6	8	1	0	0	0
Children 10 through 14	43	32	5	6	0	0	0	0
Children 15 through 19	221	178	19	20	2	0	0	2
Children 20 through 24	311	233	41	36	1	0	0	0
Children 0 through 24	1,113	819	160	124	8	0	0	2

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	352	46	8
Children 1 through 4	75	7	0
Children 5 through 9	46	4	0
Children 10 through 14	39	4	0
Children 15 through 19	203	16	2
Children 20 through 24	279	25	7
Children 0 through 24	994	102	17

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	984,622	710,446.0	96,567.0	103,442.0	14,302.0	972.0	58,893.0	0	2004
Percent in household headed by single parent	23.6	19.7	49.3	25.4	11.9	24.3	26.8	21.5	2004
Percent in TANF (Grant) families	5.6	3.3	20.9	6.7	1.8	0	0	0	2004
Number enrolled in Medicaid	364,137	207,371.0	61,997.0	52,223.0	3,414.0	0	0	39,132.0	2004
Number enrolled in SCHIP	94,020	59,599.0	9,423.0	14,065.0	1,007.0	0	0	9,926.0	2004
Number living in foster home care	6,976	3,446.0	1,364.0	1,381.0	0	0	0	785.0	2005
Number enrolled in food stamp program	421,442	267,237.0	78,379.0	49,507.0	2,983.0	0	0	23,336.0	2005
Number enrolled in WIC	162,849	115,942.0	21,978.0	8,612.0	1,598.0	647.0	3,566.0	10,506.0	2004
Rate (per 100,000) of juvenile crime arrests	5,751.0	0	0	0	0	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	6.0	0	0	0	0	0	0	0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	902,794.0	81,828.0	0	2004
Percent in household headed by single parent	23.6	23.3	0	2004
Percent in TANF (Grant) families	5.6	5.2	0	2004
Number enrolled in Medicaid	325,005.0	39,132.0	0	2004
Number enrolled in SCHIP	84,094.0	9,926.0	0	2004
Number living in foster home care	6,225.0	751.0	0	2005
Number enrolled in food stamp program	398,106.0	23,336.0	0	2002
Number enrolled in WIC	127,396.0	35,437.0	16.0	2004
Rate (per 100,000) of juvenile crime arrests	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0	0	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	620,775
Living in urban areas	630,700
Living in rural areas	327,303
Living in frontier areas	7,847
Total - all children 0 through 19	965,850

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,395,852.0
Percent Below: 50% of poverty	7.4
100% of poverty	15.3
200% of poverty	37.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	965,850.0
Percent Below: 50% of poverty	10.2
100% of poverty	21.7
200% of poverty	48.7

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
Source: Oklahoma Department of Human Services. Data reflect persons enrolled in Food Stamp program regardless of age. Age data not available at this time.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
Source: American Community Survey, 2004. Data reflect adolescents 16-19 not enrolled in high school and not a high school graduate. Data for racial subgroups are not available.
3. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
Source: Oklahoma Department of Human Services. Data reflect persons enrolled in Food Stamp program regardless of age. Age data not available at this time.
4. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
Data by Hispanic ethnicity are not available for this indicator.
5. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
Data by Hispanic ethnicity are not available for this indicator.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
Source: Oklahoma Department of Human Services Annual Report 2005. Data reflect monthly average of foster care children. The Other/Unknown category includes Hispanic and Asian/Pacific Islander.
7. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
Source: Oklahoma Department of Human Services Annual Report 2005. Data reflect monthly average of foster care children.